

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.J.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	700	1020	3-201
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ \_\_\_\_\_ (Initial) \_\_\_\_\_ (Signature)  
□ \_\_\_\_\_ (Initial) \_\_\_\_\_ (Signature)  
- (Through numeral) \_\_\_\_\_ (Signature)  
+ \_\_\_\_\_ (Signature)

Claim	Final Original	Date
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Claim	Final Original	Dependent Claims
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52		54, 55
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If more than 150 claims or 10 actions  
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